



STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF TAXATION

JUDGMENT PAYOFF REQUEST FORM

Please complete a separate form for each lien.

Date: _____

DJ # or Lien # and Date filed: _____

FID # and/or SS#: _____

Individual / Business Name: _____

Address: _____

Requestor: _____

Company Name: _____

Phone #: _____ Fax #: _____

Reason for Request _____

Date Payoff Needed: _____

Please submit this form by one of the following methods:

E-Mail: Taxation.Judgments@Treas.State.NJ.US

Fax: (609- 292-1882)

US Mail: NJ Division of Taxation
Judgment Section
PO Box 245
Trenton, NJ 08695-0245